"FEE ADDRESS" INDICATION FORM	
Address to:	Fax to:
MAIL STOP M CORRESPONDENCE	571-273-6500
Commissioner for Patents - OR	-
P.O. Box 1450	
Alexandria, VA 22313-1450	
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) §403. For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with: □ Customer Number: Computer Patent Annuities (CPA) 00197 Customer Number OR □ The attached Request for Customer Number (PTO/SB/125) form	
PATENT NUMBER	APPLICATION NUMBER
(if known)	ALI EICATION NUMBER
(ii allowii)	09/982,818
Completed by (check one):	
☐ Applicant/Inventor	/Bruce E. Kramer/
	Signature
☑ Attorney or Agent of record 33,725	Bruce E. Kramer
(Reg. No.)	Typed or printed name
☐ Assignee of record of the entire interest. See 37 Cl	
3.71. Statement under 37 CFR 3.73 (b) is enclosed	
(Form PTO/SB/96)	(202) 293-7060
(Total Total (Total	Requester's telephone number
	requester s telephone number
☐ Assignment recorded at Reel Frame	August 3, 2009
	Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below*.	
□ *Total of forms are submitted.	